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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						10/030952		
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51	
2							52	
3							53	
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45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	/		/				TOTAL IND.	
TOTAL DEP.	/		/				TOTAL DEP.	
TOTAL CLAIMS	12		12				TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS